

# Application for Certificate of Authority

Original **9**

Amendment **9**

*To the Insurance Commissioner, State of Washington, Olympia, Washington*

Application is hereby made for issuance of a Certificate of Authority (which includes Certificate of Registration) to transact the type of business as stated below in the State of Washington:

1. Name of Company \_\_\_\_\_

2. Address of Domiciliary Office \_\_\_\_\_

3. State or Country of Domicile \_\_\_\_\_

4. Date Organized \_\_\_\_\_

5. Kinds of Business to be Transacted:

<b>9</b> Life Insurance	<b>9</b> Marine & Transportation Insurance
<b>9</b> Disability Insurance	<b>9</b> Vehicle Insurance
<b>9</b> Health Care Service Contractor	<b>9</b> General Casualty Insurance
<b>9</b> Limited Health Care Service Contractor	<b>9</b> Surety Insurance
<b>9</b> Health Maintenance Organization	<b>9</b> Title Insurance
<b>9</b> Property Insurance	

6 Date of last amendment of Insurer's Charter \_\_\_\_\_

7. Does the existing Charter authorize the insurer to transact the classes of business requested in this application? \_\_\_\_\_

8. Date of last amendment of Insurer's By-laws or Subscriber's Agreement \_\_\_\_\_

9. If for issuance of an original Certificate of Authority, this application must be accompanied by the documents and fees as provided in the Insurance Code.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Title